

**FACULTY
OUTSIDE PROFESSIONAL ACTIVITIES REPORT
ANNUAL REPORT**

Academic Year _____ - _____

Name _____ Campus _____

Department _____ Title and Rank _____

College _____ % Appointment _____

University Contract Period: _____ - _____ .

9-Month 12-month Summer Other _____

I. Non-University, Non-Income-Producing Activities

(If your appointment is part-time you are not required to complete this section. Proceed to Section III.)

Check one: Reported below None to Report (proceed to Section III)

(List the total time for all such activities performed/proposed during University Contract period covered.)

<u>Nature of Activity:</u>	20__ to 20__ Time spent during <u>previous reporting period.</u>	20__ to 20__ Prospective - Estimated time to be spent in <u>current reporting period.</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

II. Non-University Income-Producing Activities

(If your appointment is part-time you are not required to complete this section. Proceed to Section III.)

Check one: Reported below None to Report (proceed to Section III)

(List the total time for all such activities performed/proposed during University Contract period covered.)

<u>Nature of Activity:</u>	20__ to 20__ Time spent during <u>previous reporting period.</u>	20__ to 20__ Prospective - Estimated time to be spent in <u>current reporting period.</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

III. Potential Conflict of Interest

A. I have a material role or a material financial interest in (check all that apply):

- 1. A company that does business with the University
- 2. A company in my field of research
- 3. A sponsor of my research
- 4. None of the above
(if you checked any 1 – 3, please describe below)

B. I do / do not have any other relationships, commitments, activities (including uncompensated activities), or financial or fiduciary interests that present potential conflict of interest. Remember to include interest of your immediate family in your considerations in answering this question. (If you checked “do,” please describe below.)

C. I do / do not have non-university professional or income-producing activities involving other University of South Carolina students, staff, or faculty. (If you checked “do,” please describe below.)

IV. Insurance Coverage

I do / do not currently maintain professional malpractice insurance coverage.

V. Affirmation

In submitting this form, I affirm that the above is true to the best of my knowledge and that I have read both the University’s and the _____ policies on Outside Professional Activities, regarding conflict of interest and conflicts of commitment.

Signature

Date